

STATE OF NEW JERSEY OUTSIDE ACTIVITY QUESTIONNAIRE

Name: _____

Work Address: _____

Department: _____

Division/Bureau: _____ Telephone Number: _____

Civil Service Title: _____ Functional Title (if different): _____

Job Duties: _____

1. Are you currently engaged in any business, trade, profession and/or part-time or full-time employment outside of or in addition to your State employment? ☐ Yes ☐ No
If Yes, you must answer question 2.

2. Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner or corporate officer.

Address: _____

Type of Business: _____

Describe responsibilities: _____

Outside Employment (please specify): Days Worked per Week: _____

Hours Worked: Per Day _____ Per Week _____

Is your employment or business being performed for or with any other Department employee or official?

☐ Yes ☐ No Name of employee or official and title: _____

Does your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders? ☐ Yes ☐ No
If yes, explain.

3. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? ☐ Yes ☐ No If yes, type of license _____

When was license issued: _____ ☐ Active ☐ Inactive

4. Do you currently hold or plan to hold outside voluntary position(s)? ☐ Yes ☐ No

If yes, explain _____

5. Are you an officer in any professional organization? ☐ Yes ☐ No

If yes, explain _____

6. Are you serving in any public office, or considering appointment or election to any public office?

☐ Yes ☐ No

What is the type of elective / appointive position? _____

What are your duties? _____

Hours engaged in elective / appointive activity: _____

7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly or indirectly receiving funding from the State? ☐ Yes ☐ No

Family Member's name _____

Nature of Employment _____

Duration: ☐ Permanent ☐ Temporary

8. Are any members of your immediate family employed by a New Jersey casino or an applicant for a NJ casino license? ☐ Yes ☐ No

Family Member's Name _____ Relationship: _____

Name of Casino: _____

I certify that this questionnaire contains no willful misstatement of fact nor omission of material fact and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

Signature of Employee

Date

Immediate Supervisor (check one)

☐ Approved ☐ Disapproved

Signature: _____

Date: _____

Comments and/or reason for disapproval:

Ethics Liaison Officer (check one)

☐ Approved ☐ Disapproved

Signature: _____

Date: _____

Comments and/or reason for disapproval:

Please provide the employee with one copy and
send one copy to the:

Executive Commission on Ethical Standards
P.O. Box 082
Trenton, NJ 08625-0082